

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fraternity &amp; Sorority Political Action Committee

ADDRESS (number and street)

PO Box 3435

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22302

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410068

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margee Clancy

Signature of Treasurer

Margee Clancy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 18 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fraternity &amp; Sorority Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		64855.99
(b) Cash on Hand at Beginning of Reporting Period.....	176499.61	
(c) Total Receipts (from Line 19) .....	5000.00	213940.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	181499.61	278795.99
7. Total Disbursements (from Line 31) .....	18992.80	116289.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	162506.81	162506.81
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fraternity &amp; Sorority Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 05 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 05 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2825.00

162875.00

(ii) Unitemized .....

1175.00

34015.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4000.00

196890.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

4000.00

196890.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1000.00

17050.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5000.00

213940.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

5000.00

213940.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	10853.22	77562.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10853.22	77562.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	33500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	139.58	5226.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18992.80	116289.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18992.80	116289.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4000.00	196890.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4000.00	196890.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	10853.22	77562.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	10853.22	77562.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bonnie K. Arthur**

Mailing Address 6606 Briar Hill Ct.

City State Zip Code  
McLean VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunton & Williams, LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2013

Transaction ID : SA11AI.15636

Amount of Each Receipt this Period

75.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Crystal Combs**

Mailing Address 1619 Fourth Avenue

City State Zip Code  
Picayune MS 39466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Picayune General Dentistry

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2013

Transaction ID : SA11AI.15632

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**c. Ms. Betty Hamilton**

Mailing Address 304 S Hughes Road

City State Zip Code  
Woodstock IL 60098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2013

Transaction ID : SA11AI.15642

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Paulin**

Mailing Address 11716 Oakland Hills Drive

City State Zip Code  
 Las Vegas NV 89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aqua Hotels

Occupation

Founder & Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2013

Transaction ID : SA11AI.15630

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Jane H. Sutton**

Mailing Address 2010 Castelli Blvd.

City State Zip Code  
 Mount Dora FL 32757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2013

Transaction ID : SA11AI.15624

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Miles Washburn**

Mailing Address 443 Shawcroft Road

City State Zip Code  
 Fayetteville NC 18311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cavins Business Solutions

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2013

Transaction ID : SA11AI.15625

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

2825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Billhighway**

Mailing Address 363 W Big Beaver  
Ste. 400

City State Zip Code  
Troy MI 48084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 16 2013

**Transaction ID : SA17.15648**

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Broadnet Teleservices, LLC**

Mailing Address P.O. Box 975202

City Dallas    State TX    Zip Code 75397-5202

Purpose of Disbursement  
Telecom Services - Non-Candidate

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2013
**Transaction ID : SB21B.15654**

Amount of Each Disbursement this Period

1309.82

Full Name (Last, First, Middle Initial)

**B. Kameron Dodge**

Mailing Address 15197 NE White Oak Drive

City Cambridge    State IA    Zip Code 50046

Purpose of Disbursement  
Reimbursement - Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2013
**Transaction ID : SB21B.15660**

Amount of Each Disbursement this Period

819.84

Full Name (Last, First, Middle Initial)

**C. Elavon**

Mailing Address One Concourse Parkway

City Atlanta    State GA    Zip Code 30328

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2013
**Transaction ID : SB21B.15650**

Amount of Each Disbursement this Period

94.94

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2224.60

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Compliance & Bookkeeping Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 17 / 2013

**Transaction ID : SB21B.15655**

Amount of Each Disbursement this Period

4860.00

Full Name (Last, First, Middle Initial)

## **B. North American Interfraternity Conference**

Mailing Address 3901 W 86th Street  
Suite 390

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement  
Registration Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 23 / 2013

**Transaction ID : SB21B.15661**

Amount of Each Disbursement this Period

140.00

Full Name (Last, First, Middle Initial)

## **C. Omega Financial Inc.**

Mailing Address P. O. Box 2207

City Columbus State GA Zip Code 31902

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 31 / 2013

**Transaction ID : SB21B.15681**

Amount of Each Disbursement this Period

22.67

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5022.67

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Fraternity & Sorority Political Action Committee

727.00

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

District:

MM / DD / YYYY

500.00

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

District:

2185.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

District:

3412.00

10659.27

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DAN COATS FOR INDIANA**

Mailing Address PO BOX 301141

City	State	Zip Code
INDIANAPOLIS	IN	46230

Purpose of Disbursement  
Contribution

Candidate Name

**DANIEL R COATS**

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15664**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City	State	Zip Code
MANCHESTER	NH	03105

Purpose of Disbursement  
Contribution

Candidate Name

**KELLY A AYOTTE**

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15672**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. GRAVES FOR CONGRESS**

Mailing Address 2345 GRAND, SUITE 2400

City	State	Zip Code
KANSAS CITY	MO	64108

Purpose of Disbursement  
Contribution

Candidate Name

**SAMUEL B. GRAVES**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15676**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 682185

City	State	Zip Code
Franklin	TN	37068

Purpose of Disbursement  
Contribution

Candidate Name

**MARSHA W BLACKBURN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15670**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MOBROOKSFORCONGRESS.COM**

Mailing Address 7610 FOXFIRE DR.

City	State	Zip Code
HUNTSVILLE	AL	35802

Purpose of Disbursement  
Contribution

Candidate Name

**MO BROOKS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15673**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR CONGRESS**

Mailing Address PO BOX 405

City	State	Zip Code
POINTE VEDRA	FL	32004

Purpose of Disbursement  
Contribution

Candidate Name

**RONALD D. DESANTIS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15677**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TERRI SEWELL FOR CONGRESS**

Mailing Address P.O. Box 1964

City	State	Zip Code
Birmingham	AL	35201

Purpose of Disbursement  
Contribution

Candidate Name

**TERRI A. SEWELL**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AL	District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15671**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement  
Contribution

Candidate Name

**WAYNE EDWARD WHITFIELD**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: KY	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB23.15667**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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8000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deluxe Business Systems**

Mailing Address 3680 Victoria Street N

City	State	Zip Code
Shoreview	MN	55126

Purpose of Disbursement  
Non-Contribution Account - Check Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2013

**Transaction ID : SB29.15652**

Amount of Each Disbursement this Period

139.58
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

139.58
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139.58
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